

Understanding ADHD: Evaluation, Treatment, and Ongoing Care

Psychiatry by Valbona NP

Educational note: This article is for general information and does not replace a personalized medical or psychiatric evaluation. A qualified clinician can help determine whether ADHD, another condition, or more than one condition explains your symptoms.

Attention-deficit/hyperactivity disorder (ADHD) is a common neurodevelopmental condition that can affect attention, organization, activity level, impulse control, and emotional regulation. It is not a character flaw, a lack of intelligence, or a failure to “try harder.” With an accurate evaluation and an individualized treatment plan, many people with ADHD experience meaningful improvement in daily functioning and quality of life.

What is ADHD?

ADHD is a condition involving persistent patterns of inattention, hyperactivity, and/or impulsivity that interfere with functioning. Symptoms begin during childhood, although many people are not diagnosed until adolescence or adulthood. In adults, ADHD may look less like obvious physical hyperactivity and more like restlessness, racing thoughts, chronic disorganization, procrastination, trouble completing tasks, or difficulty managing time. (National Institute of Mental Health [NIMH], n.d.-a; Centers for Disease Control and Prevention [CDC], 2026a).

ADHD can affect more than school or work performance. It may influence relationships, self-esteem, finances, driving, household responsibilities, sleep, and the ability to keep up with everyday demands. Symptoms can vary from person to person and may change across the lifespan.

Common experiences may include:

- Frequently losing items such as keys, phones, paperwork, or medications
- Difficulty starting, organizing, prioritizing, or finishing tasks
- Forgetting appointments, deadlines, conversations, or obligations
- Making careless mistakes or missing details
- Becoming easily distracted by thoughts, sounds, notifications, or activity nearby
- Avoiding tasks that require sustained mental effort
- Feeling physically restless or needing to stay busy
- Talking more than intended, interrupting, or speaking before fully thinking through a response
- Acting quickly on an idea, emotion, or purchase and regretting it later
- Having difficulty waiting, tolerating boredom, or shifting attention between tasks

Everyone may experience some of these concerns occasionally. ADHD is considered when symptoms are ongoing, occur in more than one part of life, began in childhood, and cause meaningful difficulty or impairment.

Types of ADHD

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) describes three ADHD presentations. A person's presentation can change over time as symptoms and life demands change.

ADHD presentation	What it may look like
Predominantly inattentive presentation	Problems with focus, follow-through, organization, forgetfulness, distractibility, and managing details.
Predominantly hyperactive-impulsive presentation	Restlessness, excessive talking, fidgeting, interrupting, impatience, difficulty waiting, or acting before considering consequences
Combined presentation	Clinically significant symptoms of both inattention and hyperactivity-impulsivity

Predominantly inattentive presentation Problems with focus, follow-through, organization, forgetfulness, distractibility, and managing details. A person may appear quiet or “daydreamy,” so these symptoms can be missed, especially in childhood

Predominantly hyperactive-impulsive presentation Restlessness, excessive talking, fidgeting, interrupting, impatience, difficulty waiting, or acting before considering consequences

Combined presentation Clinically significant symptoms of both inattention and hyperactivity-impulsivity

In everyday conversation, people may use the term “ADD.” However, ADD is no longer a separate formal diagnosis; it is generally understood as ADHD with a predominantly inattentive presentation. (NIMH, n.d.-a; American Academy of Pediatrics [AAP], n.d.).

How ADHD is diagnosed

There is no single blood test, brain scan, genetic test, or brief online questionnaire that can diagnose ADHD. A thorough evaluation is important because anxiety, depression, trauma, sleep disorders, substance use, learning differences, medical conditions, medication effects, and other concerns can cause or worsen symptoms that resemble ADHD.

A comprehensive ADHD evaluation often includes:

- A detailed discussion of current symptoms and how they affect work, school, relationships, parenting, daily tasks, and other areas of life
- A review of childhood behavior, school experiences, report cards, or other available records
- A review of medical history, psychiatric history, medications, sleep, substance use, and family history
- Screening for conditions that may occur alongside ADHD or better explain the symptoms, such as anxiety, depression, bipolar disorder, trauma-related conditions, learning disorders, sleep problems, or substance use disorders
- Standardized ADHD rating scales or symptom checklists
- Collateral information, when appropriate and with permission, from a parent, partner, family member, teacher, or another person who knows the patient well
- A physical examination, laboratory testing, or psychological testing when clinically indicated

For an ADHD diagnosis, symptoms generally must have started before age 12, lasted at least six months, occurred in two or more settings, and caused clear impairment in social, academic, or occupational functioning. Children through age 16 generally need at least six symptoms in one or both symptom groups. Adolescents age 17 and older and adults generally need at least five symptoms. (NIMH, n.d.-a; AAP, n.d.).

Can adults be diagnosed with ADHD?

Yes. Some people were never evaluated as children, particularly if they did well academically, had strong family support, had predominantly inattentive symptoms, or learned to compensate for difficulties. Others may have had symptoms that became more noticeable when life became more demanding—for example, during college, a demanding job, parenting, or managing a household.

However, adult ADHD is not something that begins suddenly in adulthood. For a formal diagnosis, there must be evidence that some ADHD symptoms were present in childhood, even if they were not recognized at the time. (CDC, 2026a; NIMH, n.d.-b).

How ADHD is treated

ADHD is treatable. The most effective approach is individualized and may include medication, therapy or skills-based treatment, education, practical supports, and treatment for co-occurring conditions. Treatment is not about changing who you are; it is about reducing symptoms and helping you function more effectively in the areas that matter to you.

Medication

Medication is one evidence-based treatment option for ADHD. When medication is appropriate, a prescriber will consider your symptoms, health history, current medications, heart history, sleep, substance-use history, treatment goals, and personal preferences.

Common medication categories include:

Stimulant medications: These include methylphenidate-based and amphetamine-based medications. They are often used to reduce ADHD symptoms and may improve attention, task completion, impulse control, and day-to-day functioning.

Nonstimulant medications: These may be appropriate when stimulants are not effective, cause unacceptable side effects, are not medically appropriate, or are not preferred. Some people also benefit from a nonstimulant medication as part of a broader treatment plan.

Medication should be monitored regularly. A prescriber may review benefits, side effects, sleep, appetite, mood, blood pressure, pulse, adherence, and any concern for misuse or diversion. Some side effects, such as reduced appetite or difficulty sleeping, may occur and should be discussed rather than ignored.

Stimulant medications are controlled substances and can be misused. Take them only as prescribed, do not take extra doses, do not share them with anyone, and store them securely. Misuse—including taking medication in a way other than prescribed or using someone else's medication—can lead to serious risks, including addiction, overdose, and death. (U.S. Food and Drug Administration [FDA], 2026).

Therapy, coaching, and skill building

Medication can reduce symptoms, but it does not automatically teach planning, organization, time management, or emotional coping skills. Many people benefit from psychotherapy, especially cognitive behavioral therapy (CBT), ADHD-focused coaching, or structured skills work.

Helpful areas of treatment may include:

- Building realistic routines and systems for planning, reminders, and task management
- Breaking larger tasks into smaller, more manageable steps
- Learning strategies for procrastination, overwhelm, and avoidance
- Improving sleep routines and reducing distractions
- Addressing low self-esteem, perfectionism, stress, anxiety, depression, or relationship strain
- Developing communication and emotional-regulation skills
- Identifying school or workplace supports that may improve functioning

A multimodal approach—combining medication when appropriate with behavioral strategies, education, and psychological support—can be particularly helpful. (CHADD, 2025; NIMH, n.d.-a).

Supports for children and adolescents

For children, treatment may involve parents or caregivers, teachers, and school personnel. Behavioral parent training, classroom strategies, school accommodations, and medication when indicated can all play a role. For children age 6 and older, CDC guidance supports a combination of FDA-approved medication and behavior therapy, including parent training for younger children and behavioral or skills-based interventions for adolescents. (CDC, 2026b).

Why ADHD should not be ignored

Untreated or unsupported ADHD can affect much more than productivity. Ongoing difficulty with focus, impulsivity, organization, and emotional regulation may contribute to academic or job problems, chronic stress, relationship conflict, financial strain, low self-confidence, and avoidable mistakes or accidents.

ADHD can also occur alongside other conditions, including anxiety, depression, learning disorders, sleep problems, and substance-use concerns. In children and adolescents, ADHD may be associated with increased risk of bullying, mood concerns, tobacco or other substance use, and suicidal thoughts or behaviors. These outcomes are not inevitable, and getting support early can make a meaningful difference. (CDC, 2026c).

Seeking care is not “overreacting.” A careful evaluation can clarify what is happening, identify other contributing factors, and lead to a treatment plan that matches your needs.

What patients should know

ADHD is real and treatable. Symptoms are related to brain development and functioning, not laziness or a lack of willpower.

A diagnosis should be thorough. Be cautious about services that diagnose ADHD based only on a very short questionnaire or a single brief conversation.

Symptoms may look different across people. Some people are outwardly hyperactive; others struggle quietly with attention, organization, and internal restlessness.

Co-occurring conditions matter. Treating anxiety, depression, trauma, sleep problems, substance use, or learning differences may be an essential part of effective ADHD care.

Treatment is individualized. The “best” treatment is not identical for everyone. It should be based on your symptoms, medical history, goals, response to treatment, and preferences.

Progress takes follow-up. Finding the right medication, dose, therapy approach, or practical support may take time. Regular follow-up allows treatment to be adjusted safely and thoughtfully.

Lifestyle supports are useful, but not a substitute for evaluation. Sleep, movement, regular meals, routines, planning tools, and reduced distractions can help. They may work best alongside professional treatment when ADHD is causing significant impairment.

You do not need to manage it alone. A knowledgeable psychiatric or medical provider, therapist, school team, family member, partner, or ADHD support community can be part of your care.

When to seek urgent help

ADHD itself is not an emergency. However, seek immediate help through 911, 988 in the United States, an emergency department, or a local crisis service if you or someone else is in immediate danger, has thoughts of suicide or self-harm, is experiencing severe agitation or psychosis, or may be having an overdose or serious reaction to medication.

References

American Academy of Pediatrics. (n.d.). DSM-5 criteria.

<https://eqipp.aap.org/courses/adhd/mn/clinical-guide/popups/dsm-5-criteria>

Centers for Disease Control and Prevention. (2026a). ADHD in adults.

<https://www.cdc.gov/adhd/about/adhd-in-adults.html>

Centers for Disease Control and Prevention. (2026b). Treatment of ADHD.

<https://www.cdc.gov/adhd/treatment/index.html>

Centers for Disease Control and Prevention. (2026c). Protecting the health of children with ADHD.

<https://www.cdc.gov/adhd/other-topics/protecting-the-health-of-children.html>

Children and Adults with Attention-Deficit/Hyperactivity Disorder. (2025). Treatment of ADHD.

<https://chadd.org/about-adhd/treatment-of-adhd/>

National Institute of Mental Health. (n.d.-a). Attention-deficit/hyperactivity disorder: What you need to know.

<https://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder-what-you-need-to-know>

National Institute of Mental Health. (n.d.-b). ADHD in adults: 4 things to know.

<https://www.nimh.nih.gov/health/publications/adhd-what-you-need-to-know>

U.S. Food and Drug Administration. (2026). Prescription stimulant medications.

<https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/prescription-stimulant-medications>